

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
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I. TYPE OF NOTIFICATION (O = Original/ R = Revised) : **O**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER **Federal Express**

Address: **3680 Hacks Cross Road**

City: **Memphis** State: **TN** Zip: **38125**

Contact: **Bobby Webb** Tel: **901-434-3796**

REMOVAL CONTRACTOR: **Unitech Services Group, Inc.**

Address: **241-4 N Fehr Way**

City: **Bay Shore** State: **New York** ZIP: **11706**

Contact: **Steven Matthews**

OTHER OPERATOR:

Address:

City: State: ZIP:

Contact:

III. TYPE OF OPERATION (D = Demolition/R = Renovation): **R**

IV. IS ASBESTOS PRESENT? (YES/NO) **Y**

V. FACILITY DESCRIPTION (include building name, number, and floor or room number):

Building name: **Building 262**

Address: **JFK International Airport**

Address:

City: **Jamaica** State: **NY** Zip: **11430** County: **Queens**

Site Location: **Office**

Building Size: Sq.meter: SqFt: **100,000** # of Floors **1** Age in Year **50+**

Present Use: **Commercial** Prior Use: **Commercial**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Bulk PLM sampling

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	non-friable Asbestos Material to be removed Category I	Category II
Pipes-Linear Feet		0	
Pipes-Linear Meters			
Surface Area- Square Feet		400	
Surface Area- Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meters			

VIII. SCHEDULE DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: **4/15/2016** Completion: **6/20/2016**

IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

A HEPA Vacuum shall be kept on site at all times.

XII. WASTE TRANSPORTER #1Address: **Asbestos Transportation Comapany**City: **2 Moriches Middle Island road** State: **Shirley, NY** ZIP: **11967**Contact: **Gary Cretty** Telephone: **631-924-5050****WASTE TRANSPORTER #2**Address: **Unitech Services Group Inc**City: **241-4 N Fehr Way** State: **Bay Shore** ZIP: **11706**Contact: Telephone **631-242-7215****XIII. WASTE DISPOSAL SITE**Address: **Minerva Enterprises**City: **9000 Minerva Road** State: **Waynesburg, OH** ZIP: **44688**Telephone **330-866-3435****XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

Name: Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY)

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden , Unexpected Event:

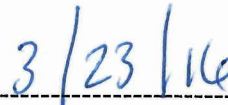
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Hepa vacuum will be on site at all times

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).


 Signature of Owner /Operator


 Date

XVIII. I CERTIFY THAT THE ABOVE MENTIONED INFORMATION IS CORRECT.


 Signature of Owner /Operator


 Date